

BULLETIN OF
THE NEW YORK ACADEMY
OF MEDICINE



VOL. 46, No. 12

DECEMBER 1970

COMMUNITY PARTICIPATION AND
NATIONAL HEALTH POLICY*

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By now it should be fully evident to all that the true spirit and tradition of this nation demands that those inalienable rights of life, liberty, and the pursuit of happiness guaranteed to all citizens include the right to the possibilities of sustained and vigorous good health. Robust good health is an undeniable essential upon which the other inalienable rights are built. If this be so—and it is so—a national health policy must exist with laws providing guarantees for all citizens. To date this policy is nonexistent. Its absence is deplorable and must be remedied. There are those amongst us who, although agreeing with the foregoing, still do not feel that there is truly a crisis in health care in this nation at present; or who feel that, at most, better financing of the present system will achieve what is needed in health care. I submit that the overwhelming weight of evidence to date proves these persons to be sadly mistaken.

*Presented at the 1970 Health Conference of the New York Academy of Medicine, *Community Participation for Equity and Excellence in Health Care*, held at the Academy April 23 and 24, 1970.

I ask you to picture our proud nation with its present technology and capabilities wallowing in its own garbage and excreta, breathing pollutants of all kinds, eating garbage, witnessing an increasing venereal-disease rate, pandemic drug abuse, pandemic neuropsychiatric disease, pandemic alcoholism and malnutrition, pandemic home and automobile accidents, and an infant mortality rate about 15th among the nations of the world—a nation where the poor and the near-poor are denied the possibility of having what those who have access to health care recognize as grossly inadequate, poorly coordinated, and blatantly expensive. This is a pathetic commentary on our proud and wealthy nation.

Changes in our health-care system so vitally necessary will require imagination, innovation, and acceptance of challenges and hazards of change when these are directed toward betterment for all. Undoubtedly there are many exciting and perhaps daring innovations which must be developed—in manpower, organization, administration, and financing—to achieve this end. In opinions expressed on the medical establishment we are frequently admonished to remain “realistic” in our national goals for health-care planning. I submit that ingenuity and imagination should be emphasized in health-care planning, and that these are not necessarily the antithesis of practicability and realism.

Further, I ask, is it realistic to put men on the moon? Is the development of supersonic aircraft realistic? Is transplantation of the human heart and other organs realistic? Is development of a multiple, independently targeted reentry missile realistic? If these highly imaginative achievements are considered justifiable despite their great cost, because of their significant relation to the national interest, then I submit that there can be no more important implementation of the national interest than to attend comprehensively to the health-care needs of the citizens of this nation. No matter what wide-ranging directions we may take in efforts to solve our health problems, it is axiomatic that the person most vitally affected, namely, the consumer, must be heard, and must become part of this process.

Again, we are all aware that there are those who feel that no significant input by the consumer is necessary because the expert and dedicated professional, the sociologist, the social worker, the community worker, consultants in various areas of expertise, administrators, politicians and, last but not least, philanthropists and boards of trustees, have the moral and ethical fiber never to be laggard in their duty to the

citizens to whose welfare they are dedicated. Nonetheless, may I remind you of those many institutions and organizations, steeped in the loftiest of traditions, tax-free, their charters fairly dripping with sweetness and dedication to the public good, often with slogans of piety and wisdom emblazoned in their hallowed halls, often engraved on their ivy-covered walls, sometimes in Latin, Greek, Hebrew, or English—and with all this, they fail in many respects to act relevantly and with impact on the needs of society today.

New systems, therefore, must be evolved; systems that are responsive and that will remain responsive and relevant to the needs and interests of the citizens served. To my mind, the best guarantee in any system that such a system will remain responsive to these needs and interests is valid participation by the people served, both in policy making and in the delivery of services. It is our hope that as a result of our deliberations here we may begin to describe what valid or meaningful participation is and how it may be achieved—and that our discussion will set the climate for the achievement of a national health policy and the means to its implementation.